

Entered - 09/22/00 - sb  
CL00L0583 - DIANNE C. MITCHELL

CLAIM OF: JOANN MIDDLETON,  
through her insurance carrier,  
State Farm Insurance Companies  
P. O. Box 370568  
Decatur, Georgia 30037-0568

00- R -1596

For damages alleged to have been sustained as a result of a vehicular  
accident on February 19, 2000 at Virginia Avenue and Ponce de Leon  
Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0583

Date: September 27, 2000

Claimant /Victim JOANN MIDDLETON  
 BY: (Ins. Co.) State Farm Insurance Companies  
 Address: P. O. Box 370568, Decatur, Georgia 30037-0568  
 Subrogation: X Claim for Property damage \$ 9,980.00 Bodily Injury \$ \_\_\_\_\_  
 Date of Notice: 09/18/00 Method: Written, proper X Improper \_\_\_\_\_  
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_  
 Date of Occurrence 02/19/00 Place: Virginia Avenue and Ponce de Leon Avenue  
 Department Public Works Division: Traffic and Transportation  
 Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges her vehicle was damaged in a vehicular accident with a third party due to a malfunctioning traffic signal. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired to receipt of the claim.

## INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
 Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police   X   Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
 Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
 Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ X \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ X \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

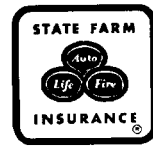
Respectfully submitted,

INVESTIGATOR - DIANNE C. MITCHELL

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse ☒ Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
 Claims Manager: *[Signature]* Concur/date 09.27.02  
 Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

# State Farm Insurance Companies



September 18, 2000

State Farm Insurance Claim Office  
5301 Snapfinger Park Drive  
Post Office Box 370568  
Decatur, Georgia 30037-0568

Phone: (770) 593-6400

City Of Atlanta  
68 Mitchell St., 14th Floor  
Atlanta, GA 30335-0332

ENTERED - 9-22-00 - SB  
00L0583 - DIANNE MITCHELL

*Mitchell*  
*09/21/00*  
*D*

RE: Claim Number: 11-3423-195  
Date of Loss: February 19, 2000  
Our Insured: Joann Middleton

Dear Gentlemen:

We are writing to you with reference to damage which occurred on February 19, 2000.

The property is insured by our Company and the damage was in the amount of \$9,980.00.

Our investigation indicates you are responsible for this damage, and we are, therefore, looking to you for reimbursement.

If you have insurance, please refer this letter to your insurance company for discharge of your obligation, and inform us as to your insurance company name, address, and your policy number. If you do not have insurance, please forward your remittance in the above amount.

Please use the enclosed self-addressed envelope when replying so that your payment will receive prompt acknowledge.

Sincerely,

*D Hayward*

Dawn M. Hayward  
Claim Specialist  
(770) 593-6493

State Farm Mutual Automobile Insurance Company

PS: This is due to a malfunctioning traffic light and includes our insured's \$500 deductible.

**00- -1596**